

MHC

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Dorothy Murphy</i> Agent</p> <p>B. Received by (Printed Name) <i>Dorothy Murphy</i> Addressee</p> <p>C. Date of Delivery <i>8/25/08</i></p> <p>Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Has entire delivery address been below? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>Dorothy Murphy</b> <b>P.O. Box 10817</b> <b>Chicago, Ill. 60610</b></p>		<p><b>RECEIVED</b> <b>AUG 25 2008</b></p> <p><b>MICHAEL W. DOBBINS</b> <b>CLERK, U.S. DISTRICT COURT</b></p> <p>Service Type:  <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Registered Mail Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> C.O.D.                 </p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0001 7313 1374</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p> <p>102585-02-M-1840</p>	

08 cv 4587

FILED

AUG 25 2008 AEE  
8-25-2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.

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United States District Court  
Clerk's Office  
219 South Dearborn St. 20th Floor  
Chicago, Ill. 60604

*Dorothy Murphy 08C4587*